

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address <b>Alon Darvish</b> <b>9454 Wilshire Blvd., Penthouse Floor</b> <b>Beverly Hills, CA 90212</b> <b>(310)205-5529 Fax: (310)496-0171</b> <b>231257</b> <b>Alon@BankruptcyLALaw.com</b>	FOR COURT USE ONLY
<input type="checkbox"/> Individual appearing without attorney <input type="checkbox"/> Attorney for Movant	
<b>UNITED STATES BANKRUPTCY COURT</b> <b>CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:  <b>Beverly Monique Murray-Calcote</b>	CASE NO.: CHAPTER: 7
	<b>DECLARATION BY DEBTOR(S)</b> <b>AS TO WHETHER INCOME WAS RECEIVED</b> <b>FROM AN EMPLOYER WITHIN 60 DAYS OF</b> <b>THE PETITION DATE</b> <b>[11 U.S.C. § 521(a)(1)(B)(iv)]</b>
Debtor(s).	[No hearing Required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: February 3, 2017

Beverly Monique Murray-Calcote  
Printed name of Debtor 1

Beverly Monique Murray-Calcote  
Signature of Debtor 1

**Advico No:** 21495  
**Advice Date:** 12/21/2016

EARNINGS AND OTHER COMPENSATION					TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
CD	Description	Hours	Rate	Earnings	CD	Description	Current	YTD	CD	Description	Current	YTD
HW	Hours Worked	80.00	49.64	3,871.20	02	Fed Withholding	262.27	7,600.92	28	LAPRA CA Care	28.04	364.52
OT	Overtime Banked (1.5)	1.00	49.64	0.00	01	State Withholding	72.76	2,179.25	37	LAPPL Dental Ins	14.57	349.66
FA	Field Assignment			-80.40	87	Deferred Comp Loan Pmt	86.74	2,307.24	41	LACEA	2.25	64.00
					03	Pension	354.02	9,008.43	43	LAPRA Life & Disability	23.90	573.60
					88	Deferred Comp -PreTax	400.00	10,400.00	46	LAPPL Insurance	4.60	136.00
					07	FICA Medicare	55.80	1,508.73	47	LAPRA Dues	4.50	108.00
					03R	Vol Pension Hih Cont	74.60	1,896.82	51	LAPPL Dues	43.19	1,017.20
									SK	LAPPL Disability Ins	11.00	264.00
						Total Taxes & Ret/Pen	1,308.09	34,899.39	64	ACEBSA	80.91	1,041.84
									72	LAPRA Charity Plan	2.00	48.00
						CITY PAID BENEFITS			84	LAPPL Contribution	11.00	264.00
					56-37	Dental Ins	39.00	923.00				
					94-28	Health Ins	646.00	15,088.40				
						TOTAL CITY PAID BENEFITS	684.00	16,011.40				
	Gross Pay			3,890.80								
	TOTAL GROSS	IMPUTED INCOME	TOTAL TAXES & RETI-PEN	TOTAL DEDUCTIONS	NET PAY							
	Current	3,890.80	1,308.09	225.96	2,356.75							
	YTD	104,704.48	34,899.39	5,120.93	64,744.16					Total Deductions	225.96	5,120.93

LEAVE BALANCE HOURS												
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked	Excess Work Time
Prior Balance	189.52		209.50	440.00	68.55	26.40						
Earned					1.50							
Used												
Adjusted												
New Balance	189.52		209.50	440.00	70.05	26.40						

Messages:

**WARNING:** You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

**ADVERTENCIA** Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

**CITY OF LOS ANGELES**  
200 N. Main Street, Suite 300  
Los Angeles, CA 90012



**Fund 825**  
**General Payroll/Reimbursement**

DATE: 12/21/2016      ADVICE NO: 21495

DEPOSIT TWO THOUSAND THREE HUNDRED FIFTY-SIX DOLLARS AND 75/100 DOLLARS \$ \*\*\*\*\*2,356.75  
Wells Fargo Bank, N.A. Account No. XXXXXXXXXX3609  
Dept 4301 Div 250 PPE 12/10/2016

To the  
Account  
of

**BEVERLY M CALCOTE**

**FILE COPY**

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7400. The amount shown has been direct deposited to your account.



**CITY OF LOS ANGELES**  
200 N. Main Street, Suite 300  
Los Angeles, CA 90012

Pay Period Ending Date: 11/26/2016  
Salary Anniversary Date: 06/21/2020  
Vacation Anniversary Date: 06/21/2035

Advice No: 21504  
Advice Date: 12/07/2016

<b>BEVERLY M CALCOTE</b> Employee ID: 92103 MOU: 24 POLICE OFFICERS UNIT	Department: 4301 POLICE Division: 250 Job Class: 2214 - 3 POLICE OFFICER III Salary Step: 8	<b>Tax Data</b> Marital Status: Married Allowances: 5 Add'l Amount:	<b>Federal</b> Married 5	<b>State</b> Married 5
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EARNINGS AND OTHER COMPENSATION					TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
CD	Description	Hours	Rate	Earnings	CD	Description	Current	YTD	CD	Description	Current	YTD
HO	Holiday Hours	10.00	49.64	496.40	02	Fed Withholding	282.27	7,338.65	28	LAPRA CA Care	28.04	336.48
HW	Hours Worked	50.00	49.04	2,482.00	01	State Withholding	72.76	2,106.49	37	LAPPL Dental Ins	14.57	335.11
VC	Vacation	20.00	49.64	992.80	07	FICA Medicare	55.80	1,452.93	41	LACEA	2.25	51.76
OS	Overtime Banked (1.0)	12.90	49.64	0.00	86	Deferred Comp -PreTax	400.00	10,000.00	43	LAPRA Life & Disability	23.90	549.70
OT	Overtime Banked (1.5)	5.00	49.64	0.00	87	Deferred Comp Loan Pmt	88.74	2,218.50	46	LAPPL Insurance	4.60	131.40
FA	Field Assignment			-80.40	03	Pension	354.02	8,662.41	47	LAPRA Dues	4.50	103.50
					03R	Vol Pension Hth Cont	74.50	1,822.32	51	LAPPL Dues	43.19	974.10
					Total Taxes & Ret/Pen							
					1,308.09				33,591.30			
					CITY PAID BENEFITS							
					56-37	Dental Ins	39.00	884.00				
					94-28	Health Ins	645.00	14,443.40				
					TOTAL CITY PAID BENEFITS							
					684.00				15,327.40			
Gross Pay					3,890.80							
TOTAL GROSS					IMPUTED INCOME				TOTAL TAXES & RETIPEN			
Current					3,890.80				1,308.09			
YTD					100,873.68				33,691.30			
									TOTAL DEDUCTIONS			
									NET PAY			
									225.86			
									2,356.75			
									4,894.97			
									62,387.41			

[illegible]

**IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS**  
**WARNING:** You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

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**200 N. Main Street, Suite 300**  
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**Fund 825**  
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Dept 4301 Div 250 PPE 11/26/2016

**To the  
Account  
of**

**BEVERLY M CALCOTE**

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